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ABSTRACT

This paper offers reflections on problematic aspects of the relationship between adolescent mothers and their toddlers. Similarities in the stages of development and the characteristics of both the toddler and the adolescent mother are identified. Both mother and child are seen to be at very vulnerable ages. The adolescent mother's developmental tasks make it difficult for her to give optimal mothering to her child. She and her child share the need to control impulses: the young child needs to establish control over motor behavior and the adolescent mother needs to gain control of her emotions. In some cases, adolescent mothers acquire unrealistic expectations and make excessive demands that interfere with children's growth and development. Professional intervention, education and support are advised for both the mother and the child during the first few years of the infant's life. Intervention by a psychiatric social worker is advised when the social interaction of the adolescent mother with her child or with her own mother breaks down. (Author/RH)

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PARENTING A TODDLER:

PROBLEMS ENCOUNTERED BY ADOLESCENT MOTHERS

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Adolescent pregnancy over the last ten years has been on the rise.[1] More young mothers are keeping their babies and an increased number of programs have been established to assist these mothers with their babies over a longer period of time. While the first year of life for the baby is not problem free, the teenage mother and her child are found to encounter an increased number of problems during the toddler phase from age one to three. It is the purpose of this paper to examine these problems from the viewpoint of the parallel developmental stages of the adolescent and toddler. When mother and child go through their respective stages at the same time, there are many points of conflict and potentials for mutual interference.

The scope of the problem of adolescent pregnancy in Baltimore, where this study was done, can be shown by the following figures. In 1977 approximately 11,885 live births were reported. Approximately 30% of these births were to adolescents 19 years and under. Adolescents 17 years and under contributed 1,683 births. Although statistics today show that the birth rates generally are decreasing, they are increasing for the younger adolescent. There were 113 girls 14 years old and younger who delivered live babies in Baltimore.

To help deal with these young mothers and their children all at high risk, the Johns Hopkins Adolescent Program was established in 1974. It began with a prenatal component which provided service to the girls through the post-partum visit. It soon became apparent that this was not sufficient; there were early repeated pregnancies and many medical problems among the

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infants. Thus, in 1976 the Follow-up Component, The Johns Hopkins Center for Teen-Aged Parents and their Infants, was formed. Mothers, infants and some fathers participate in this comprehensive program for three years after delivery.

The observations for this study were made by myself as the psychiatric social worker in conjunction with the program's Parent Educator. Our program brings us in daily contact with young parents, especially the mothers and infants. There are approximately 350 mothers under age 19 and their infants presently enrolled in our follow-up program, which offers well baby care, family planning and places a strong emphasis on education in early child development and infant stimulation. The majority of families live in the inner-city. Approximately 80% are black; only 2% are married. In the past, a primary job of the professional who worked with preganant teenagers was to help them work through the very difficult job of giving up their babies and the impact of such a step. Our task is to aid the mothers in attending to the task of mothering so that they may raise healthy and well-adjusted children.

As our oldest babies have now reached three, we realize that we have had an unusual opportunity to watch the development of mothering skills and to witness the breakdown and problems in mothering encountered by some of the adolescents in our program over this period. It has become apparent that many disturbances of development are occurring during the toddler period. In order to better understand this phenomenon, we conducted a search of the literature.

While our search has yielded various studies dealing with adolescent pregnancy[1, 10, 16] and others looking at the relationship of the adolescent mother and her infant during the first year of life,[10] it has produced none dealing with the adolescent mother and her toddler. In view of the lack of information on the one hand, and the problems encountered in this area on the other, it seems appropriate to share our experience and our way of looking at these problems from the developmental point of view.

Characteristics of Adolescence

The characteristics of adolescent development may conflict with the adolescent mother's ability to mother her toddler. No better description of adolescent development can be given than that by Anna Freud.[7] She states that:

> "Adolescence is by its nature an interruption of peaceful growth; the upholding of a steady equilibrium during the adolescent process is in itself abnormal. It is normal for an adolescent to behave for a considerable length of time in an inconsistent and unpredictable manner, to fight his impulses and to accept them, to ward them off successfully and to be over-run by them; to love his parents and to hate them, to revolt against them and to be dependent on them; to be deeply ashamed to acknowledge his mother before others and, unexpectedly, to desire heart to heart talks with her; to thrive on imitation of and identification with others while searching unceasingly for his own identity; to be more idealistic, artistic, generous and unselfish than he will ever be again, but also the opposite;

self-centered, egotistic, calculating."

Characteristics of Mothering

The ability to mother, as defined by Teresa Benedek[2], refers to the many and practical attitudes necessary to take care of a child and guide its maturation and primary learning. Motherliness is the characteristic quality of a woman's personality which supplies the emotional energy for maintaining the tasks of mothering. However, motherliness is not a function of childbearing alone. Benedek[2] states further that the psychodynamic tendencies which motivate maternal behavior, the wish to feed the infant, to succor, originate in the symbiotic relationship which the mother individual has experienced with her own mother. The term symbiosis signifies a continual reciprocal interaction between mother and child. This is necessary in the early stages of a child's development - the first few weeks and months of life. Therefore, it is important to consider the adolescent's relationship to her mother, which will help shape how the teenager establishes this early symbiotic relationship with her own child and later allows her toddler to explore and experience the processes of separation and individuation.

It has been further theorized that the mother's ability to take care of her offspring and guide its maturation and primary learning has direct relation to her maturity. The amount and kind of maternal care any mother is able to provide for an infant is dependent on her conscious and unconscious feelings and attitudes about having a baby, being a mother and the growing child itself. Various stages in her child's development arouse fantasies, conflicts and anxieties, and are linked with the same period in the mother's childhood, and thus play a role in determining her relation-

ship with her baby. The mother who delighted in the care of her young infant may react with withdrawal when her toddler becomes active and begins to show independence. Conversely, when the toddler does become more independent, he may gain admiration from the mother who did not find satisfaction in caring for him when he was a baby.

From our experience our young mothers show more problems in mothering when the infant is no longer totally dependent, but begins to walk and attempt separation. That is not to say that the first year of life is problem free; in fact, we see our patients interpret their infant's age appropriate behavior such as whining, spitting and throwing toys as hostile acts. However, in this paper we are especially looking at the period of one to three years of age.

The Adolescent as a Mother

Let us now turn to the adolescent as a mother. Anna Freud[7] refers to the multitude of feelings present in an adolescent at different times and in different degrees. She speaks of the adolescent's inability to bear frustrations, especially in feelings of love-hate, the experience of isolating words from affect, the narcissistic withdrawal, the tendency for projection, the intermittent feeling of destructive hopelessness, and the acting out tendencies and lack of insight. She comments that adolescents may change rapidly from one of these emotional positions to the next, exhibit all simultaneously or in quick succession. Hopefully, if childbearing is postponed until several years following the teen years, these feelings will be under better control and will have been dealt with in some satisfactory way. It is normal for an adolescent to behave for a considerable

length of time in an inconsistent and unpredictable manner. However, consistency and predictability are perhaps two of the major elements necessary for good mothering and in turn for the healthy emotional development of an infant and especially a toddler.

Many teenagers may have the characteristic of motherliness Benedek speaks of; however, for some, resolution of their adolescent problems may have to be more completely achieved before this motherliness is evident. At this point we'd like to suggest that the adolescent who becomes pregnant may have a less mature or a weaker ego, a lower threshold for toleranceof frustration and more reliance on acting out behavior to express mental and emotional discharge than on verbalization.

The normal task for the adolescent girl is to detach herself from the parents, especially to work through her dependent feelings with respect to her mother and cathect a new object. Usually, she displaces these feelings to parent substitutes, i.e., to persons older than herself, to peer leaders or peer groups. Some adolescent girls deal with the anxieties over their dependent feelings by fleeing into premature pregnancies. They want a feeling of freedom, a new sense of independence from the parent, yet unfortunately a greater dependence for the necessities of life often follows, if not on the parent, then the parent substitute welfare. If the adolescent is under the age of 18, the welfare check usually goes to her mother. Very frequently this is used by the girl's mother in a punitive way - often the only means of control left in their relationship. Too frequently the young mother finds she has lost what little independence she had and has become more dependent on her mother,

particularly for child care so that she can return to school. Now she is no longer free to linger after school with her friends, stop off for a soda or go to a party on an impulse - she must make child care plans first, and, since, in the majority of cases, mother is the child care plan, she now must be totally answerable to her mother.

The survey of the literature, referred to earlier, dealing with the adolescent mother's relationship with her child after the first year of life, gave credence to our believe that this is an area that has had little exploration. This survey, which included a computer search, did not reveal a single article that dealt with the child rearing patterns or problems inherent in the mother/child relationship between an adolescent mother and her toddler. The search was more productive in uncovering material on the relationship between mothers in general and toddlers. Mahler[12], Brody[5], Fraiberg[6], and Benedek[2] all speak to the problems of separation - individuation and the maturational events of this age; weaning, independent locomotion, verbalization and toilet training.

Developmental Tasks of the Toddler and the Associated Problems

Looking now at the infant and his development, we know that the period of one to three is marked by major maturational events that affect the closeness and quality of the relationship with the mother upon whom the child remains quite dependent.[4,13,14,15] Two of the well-known events that are distorted or misunderstood by the mothers we see are walking, with its obvious potential for physical independence, and talking, which allows the child some beginning control over his environment. At times there is an exaggeration of the child's ability to walk with expectations beyond his capacities in the areas of endurance and speed or to use steps

unattended. Some mothers no longer feel it is necessary to carry their infant once he is walking. Since in the population we see walking occurs frequently somewhat earlier than usual, often at 9 to 11 months, there would be the added risk of premature pseudo-independence being thrust onto the child.

In contrast we see mothers like Mary, who could not tolerate separation from her toddler and kept her daughter passive on her laps and close to her breasts most of the day. The child had few toys and little verbal stimulation, but sucked a pacifier and kneaded her mother's breasts during many of her waking hours. Mary needed her child to remain in this infantile stage to meet her own needs.

Especially significant is the development of the comprehension of the word "no" at around 16 months and the use of language to express aggression. Defiance is then made easier. Unfortunately, this is often interpreted by the young mother as bad or evil behavior willfully executed. Those who find their toddler's defiance intolerable often react with physical rather than verbal reprimand, and slap, spank or threaten the child with a belt.

Bowel training, which becomes physiologically possible at roughly the same time as comprehension of the word "no", gives the child more control over his body, but also leads into defying mother in the classical bowel struggle. It is very hard for our young mothers to tolerate the child who sits on the pot and then gets up and has a bowel movement in his pants. They also find it difficult to have patience with the toddler who verbalizes the need to sit on the pot frequently, but then cannot produce.

Often, the pot is used for punishment. The child is made to sit upon it for long periods as punishment for messing the diaper.

One of the tasks of the child during this period of one to three is to gain more control over impulses - the messing, sadistic, but especially the aggressive ones. How difficult this is can be seen by the temper tantrums of the "terrible twos." Most adolescent mothers do not know what to do with a tantrum even though, and perhaps because, they may still be having them with their own mothers. The toddler continues to demand closeness from the mother in the areas of feeding, and desires to be soothed and carried, while at the same time demonstrates an ability to tolerate some absence. These rapid shifts between dependence and independence are often confusing to some of our mothers.

Similarities Between Adolescent and Toddler

Let us look now at the similarities between an adolescent and a toddler. The adolescent, like the toddler, is undergoing significant, rapid maturational changes both hormonal and psychological. In preadolescence and early adolescence there is rapid increase in the quantity of the impulses, not only the sexual but also the aggressive, and a rekindling of the messing impulses from the toddler stage. The increase in the aggressive and sexual drives is at first indiscriminate and then directed toward the parents. The major task of early adolescence for the female is the painful severance of the tie to the mother. We are asking at the same time that the young adolescent mother establish a tie to her infant. Perhaps this is why we find the very young adolescent mothers have more difficulty in mothering. The sexual and aggressive

drives which are now very threatening because they are directed toward the parents have to be redirected and shifted onto others. The adolescent rebellion is one way to handle these uncomfortable feelings. The rules of the parents have to be disavowed because they are symbols of the parents.

Discussion

Some potential interlocking points between an adolescent mother and her toddler might be the following:

(1) The very imperfectly controlled impulses of the toddler would threaten the teenager, especially the young adolescent who is threatened by her own shaky controls. At times she might not be able to find it possible to allow the toddler to express himself and would have to be harshly prohibiting.

For instance, the 16-year-old mother of a 15-month-old who decided one day she could not stand to change diapers anymore. She told her son he had to use the pot and beat him each time he soiled his pants. He quickly learned to use the potty but now has fallen off his growth curve because he refuses to eat.

(2) When the teenager has to help the toddler form his conscience about body control during toilet training, she is at the same time often struggling with her own conscience and the controls she feels were put upon her by her mother. This raises the possibility that she might foster rebellion or lack of training in her child, especially if her mother is helping her to bowel train the toddler.

(3) Care of the hygiene and health of the toddler may present difficulties to the teenage mother, whose mother may still be very involved in doing these things for her. Taking full responsibility for the care of the body is often the last residue of infantilism between child and mother and gets resolved late in adolescence. There does seem to me to be a correlation between the mothers who appear in our center dirty and disheveled and whose babies are also unclean. Some mothers who are leaving after three years in the program and not so involved in the adolescent struggle can be observed now dressing themselves and their children with care.

(4) The teenager may shift her dependency feelings from her mother to her toddler and thus not let the toddler be independent enough. Conversely, during the clinging phase of the toddler, the clinging may pose too much of a threat to her and she may force the child to a phase of inappropriate independence for his age. For example, Tina, whose child is walking at 11 months. Tina cannot understand why he becomes tired after a short distance and needs to be carried. She is often seen walking down the street dragging him by the arm. At the office she expects him to be examined and receive immunizations without any need to be comforted by her.

The young child and the adolescent share a common problem, the need to control impulses, the child over motor outflow and the adolescent over emotional outflow. Ernest Jones[10], in a pioneer paper on adolescence,

expressed his feeling that adolescence recapitulates infancy and stated that the precise way in which a given person will pass through the necessary stages in adolescence is to a great extent determined by the form of his infantile development. If we look at the fact that 68% of the young mothers in our program have mothers who were also adolescents when they gave birth to their first child, we find ourselves questioning whether or not we are caught up in a cycle. Many of our young mothers were raised by their maternal grandmothers and their infants now are being raised in the same way.

Conclusion

We have tried in this paper to look at the similarities in the stages of development and the characteristics of both the toddler and the adolescent, to further our own understanding and to raise some questions. These are two very vulnerable ages. The adolescent mother's developmental tasks are such, that, theoretically, they would make it difficult for her to give the optimal mothering to her child. It seems apparent to us that professional intervention, education and support are needed for both the mother and the child during the first few years of the infant's life.

We utilize intervention in the form of parenting education that begins with the infant's need for tactile and language stimulation and includes helping the mother understand the elements of bowel training and basic precautionary measures for her child's safety and good health. For many of our patients this is helpful and sufficient, but for some, more is necessary. Our staff recommends further intervention by the psychiatric

social worker.when there appears to be a breakdown in mother-toddler interaction or a breakdown in the mother's interaction with her own mother. Supportive counseling directed toward interpretation, help with insight and defining of goals are some of the interventions needed. The emphasis is on goal orientation and helping our adolescent patients to think about themselves as well as their infants. We realize we must attend to and understand this dual role; a young woman in the midst of adolescent development and a young mother, carrying the responsibility of a new life that is now starting to separate and individuate.

TODDLER				ADOLESCENT	
Approximate Age	Task	Goal and Result		Task	Result
9-12 months	Walking	Goal: Result:	Independence Helps child move toward and away from parent	Separation from Family	Problems with time; absences from home; need to be with peers.
16-36 months	Language	Goal: Result:	Communicate needs Used to Control Used to Defy	Verbal Communication rather than acting out behavior	Often unable to communicate needs; great emotional outpour; used to defy; used to control.
16-36 months	Toilet Training	Goal: Result:	Control over body Struggle with authority figure in areas of giving and taking	Complete Take Over of Care of Body	Ambivalence shown in sloppy appearance, messy room, forgetfulness.
15-24 months	Separation	Goal: Result:	Ability to accept some absence from mother Need for periodic reunion with mother	Separation from Parent-Especially Mother	Ability and desire to make more independent decisions with a continuous need to touch base; testing of limits.

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COMPARISONS OF THE DEVELOPMENTAL TASKS OF THE TODDLER AND THE ADOLESCENT

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